



**MANUAL CERTIFICATION  
CDBG PROGRAM APPLICATION PROCESS**

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**Signature and Certification:**

The undersigned hereby acknowledges receipt of the 2013 CDBG and HOME Sub-Recipient Manual and understands the Milwaukee County CDBG Program's material presented within.

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Name of Applicant Agency

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Signature of Authorized Signing Official/Representative

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Date

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Print/Type Name of Authorized Signing Official/Representative